EXPERIMENTAL FACILITIES DIVISION

L1120 Facility Hazard Analysis

The purpose of this form is to serve as a summary of facility characteristics, recognized hazards, implemented hazard controls, pertinent sources of information, and incident reporting contacts.

| Scope of work conducted in this facility: apparatus. | To perform precision movement measuren | nents and assembly o | f X-ray |
|---|---|---|-----------------|
| Laboratory equipment and hazardous macClass I & II lasers Portable hand-held tools Motorized stages PZT-5 Lead bricks Copper/glidcap | aterials associated with this facility: Vacuum chambers Clean room Telescope LN-2 Aluminum Tungsten | Compressed air Ladder Microscope Optical components Wood & steel stock Organic solvents | |
| Hazards associated with this facility: Chemical exposure High pressure | lead exposure Eye hazard from laser light | Skin burns from cry Electrical shock has > voltage : PZT-5 a | zard (high |
| Hazard controls implemented within this | facility: | | |
| Engineered Controls Local exhaust system | Procedural Controls Micromotion measurement Cleanroom handling of 05 UHV > components Laser measurement Microscope alignment | PPE Chemical-resistant Safety glasses | gloves |
| Relevant ESH manual chapters that may 1) Ch. 4.3 – Laboratory & Chemic 2) Ch. 6.2 – Laser Safety 3) Ch. 7.12 – Safe Use of Tools 4) Ch. 9.1 – Electrical Safety | | | |
| Pertinent safety training courses that may 1) ESH121: Low-Power Laser Sat 2) ESH141: Portable Hand & Pow 3) ESH170: OSHA Lead Standard 4) ESH371: Electrical Safety Train | fety wer Tool Safety 1 Orientation | | |
| Note: This is not intended to be a authoritative record of required training is | n all-inclusive list of training that is requin depicted by the individual's JHQ. | ed to work within thi | s facility. The |
| Incident reporting contacts: | | | |
| Lab Safety Captain: Group Leader: ES&H Coordinator: | ****Dial 911 in an emergency**** Deming Shu Deming Shu Jeff Alicz | Extension: 2-4684 Extension: 2-4684 Extension: 2-9525 | |
| Facility hazard analysis completed by: | | | |
| Reviewed and approved by: | Lab Safety Captain or designee | | Date |
| | ES&H Coordinator | | Date |

This hazard analysis must be reviewed and updated accordingly on an annual basis or whenever conditions change. Once

Line Management

Date